F CALIFORNIA
DARD AGREEMENT
(DHS Rev 7/04)

29798

REGISTRATION NUMBER	AGREEMENT NUMBER
4260090014425O	06-55180

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME (Also referred to as CDHS, DHS, or the State)
California Department of Health Services

CONTRACTOR'S NAME (Also referred to as Contractor)
City of Long Beach (Dept. of Health & Human Services)

2. The term of this Agreement is: July 1, 2006 through June 30, 2007

3. The maximum amount of this Agreement is: $ 304,012 Three Hundred Four Thousand, Twelve Dollars

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A – Scope of Work	11 pages
Exhibit B – Budget Detail and Payment Provisions	4 pages
Exhibit B, Attachment I – Budget	1 page
Exhibit B, Attachment I, Schedule I – Subcontractor Budget	1 page
Exhibit C * – General Terms and Conditions	GTC 306
Exhibit D(F) – Special Terms and Conditions (Attached hereto as part of this agreement)	26 pages
Exhibit E – Additional Provisions	2 pages
Exhibit F – Contractor's Release	1 page
Exhibit G – Travel Reimbursement Information	2 pages

APPROVED AS TO FORM
8/9, 2006
ROBERT E. SHANNON, City Attorney
BY
SENIOR DEPUTY CITY ATTORNEY

Items shown above with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. *These documents can be viewed at http://www.ols.dgs.ca.gov/Standard+Language.*

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME *(if other than an individual, state whether a corporation, partnership, etc.)*
City of Long Beach (Dept. of Health & Human Services)

BY *(Authorized Signature)* — DATE SIGNED *(Do not type)*: 8.21.06

PRINTED NAME AND TITLE OF PERSON SIGNING
Gerald R. Miller, City Manager

ADDRESS
2525 Grand Avenue, Long Beach, CA 90815

STATE OF CALIFORNIA

AGENCY NAME
California Department of Health Services

BY *(Authorized Signature)* — Jayna Qucrin, Chief CMU Policy & Procedures — DATE SIGNED *(Do not type)*: 9/12/06

PRINTED NAME AND TITLE OF PERSON SIGNING
Terri L. Anderson, Chief, Contracts and Purchasing Services Section

ADDRESS
1501 Capitol Avenue, Suite 71.2101, MS 1403, P.O. Box 997413
Sacramento, CA 95899-7413

California Department of General Services Use Only

SEP 28

☐ Exempt per:

EXHIBIT A
Scope of Work

1. Service Overview

Contractor agrees to provide to the Department of Health Services (CDHS) the services described herein:

Sections 120325-120380 of the Health & Safety Code, Chapter 435, require immunizations against childhood diseases prior to school admittance. Health Officers are required to organize and maintain a program to make the required immunizations available. This contract assists the Contractor in defraying costs of the program which supports the State's objectives to control diseases that are preventable by vaccines. It is the Department of Health Services' responsibility to provide this assistance to the local health jurisdictions. The Contractor is to conduct a general immunization program which provides rubella, measles, mumps, polio, diphtheria, tetanus, pertussis, haemophilus influenzae b, varicella, and hepatitis B vaccines to the general public. In addition, the Contractor identifies target populations in need of immunizations and initiates corrective action to improve immunization levels.

2. Service Location

The services shall be performed at applicable facilities in the City of Long Beach.

3. Service Hours

The services shall be provided during City of Long Beach working hours and days.

4. Project Representatives

A. The project representatives during the term of this agreement will be:

Department of Health Services	**Contractor**
Wendi Cate	Pam Shaw, RN, MSN, MPH
Telephone: (213) 351-7800	Telephone: (562) 570-4208

EXHIBIT A
Scope of Work

5. Services to be Performed – Pediatric-IAP-Hepatitis B

The Contractor must agree to the following inclusive objectives and conduct the following activities. Please note that many of these services to be performed are also objectives and activities required by the Federal Government and are conditions for funding of the California Immunization Program and/or statutory requirements of State and local health departments. The level of subvention contract funding to be awarded is not represented as sufficient for support of all the required activities; a significant amount of local support and funding is expected. Subvention contract funds must not be used to supplant (i.e., replace) local funds currently being expended for routine immunization services and activities.

A. Objectives:

1) Raise to (or maintain) immunization levels of 95% or greater for each of the legally required immunizations among all kindergarten entrants, incoming transfer students to schools, and entrants into child care centers within the Contractor's jurisdiction.

2) By the year 2007, 90% of two-year-olds within the Contractors jurisdiction should be vaccinated with one dose of measles, mumps, and rubella (MMR) vaccine, three doses of polio vaccine, at least four doses of diphtheria, tetanus, and pertussis (DTP) vaccine, three doses of *Haemophilus influenzae* type b (Hib) vaccine, three doses of hepatitis b vaccine, and one dose of varicella vaccine.

3) Through prevention, surveillance and outbreak control, reduce, and if possible eliminate, illness, disability and death due to vaccine preventable diseases such as polio, diphtheria, tetanus, pertussis, measles, rubella, mumps, hepatitis B, hepatitis A, Haemophilus Influenzae Type b, and varicella within the Contractor's jurisdiction.

4) Establish and/or maintain an effective reminder/recall system for clinic patients which includes the following elements:

   a. Reminder system (postcard, telephone call, or autodialer)
   b. Follow up recall notices for no - shows
   c. Simple tracing procedures for missing clients
   d. Written protocol

5) Inform and educate health care providers, school staff, child care community, and the general public about the need for scheduled timely immunizations of children and adults.

B. Specific Activities:

1) <u>Program Management</u>

   a. Contractor agrees to assign one or more staff the responsibility of monitoring each program activity 1) Program Management; 2) Service Delivery; 3) Population Assessment; 4) Surveillance and Outbreak Control; 5) Provider Quality Assurance; 6) Consumer Information; 7) Immunization Registries; and 8) Vaccine Management.

EXHIBIT A
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b. Contractor agrees to coordinate program planning and implementation of strategies to improve immunization coverage rates of the population with local public and private agencies, e.g., WIC, CHDP, CALWORKS, Healthy Families, medical societies, non-profit community based organizations, and other public agencies serving adults and children located in the health jurisdiction.

2) Service Delivery

a. Public immunization clinic policies and practices shall be in general accordance with the current recommendations approved by the U.S. Public Health Service and endorsed by the American Academy of Pediatrics (AAP) as specified in the Revised Standards for Immunization Practices

(Applicable to all agreements funded in part or whole with federal funds.)

a. By signing this agreement, the Contractor/Grantee agrees to comply with applicable federal

EXHIBIT A
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4) Surveillance and Outbreak Control

a. Contractor shall establish and maintain an effective system for identification and reporting of suspect, probable and confirmed cases of vaccine preventable diseases (VPDs). Sources of surveillance information should include practicing physicians, licensed laboratories, outpatient clinics, hospitals, schools, child care centers and Head Start centers. As necessary, contractor shall conduct enhanced, active surveillance in communities where a VPD is prevalent in accordance with the CDHS guidelines, "California Vaccine-Preventable Disease Surveillance Manual".

b. Investigation and Control of VPDs

i. Investigation of all reported suspect, probable and confirmed VPDs shall be initiated in accordance with the guidelines and timetables provided by the Immunization Branch.
ii. Outbreak control procedures for the VPDs shall be initiated in accordance with the guidelines and timetables of the Immunization Branch.

c. Contractor shall participate in the national Vaccine Adverse Events Reporting System (VAERS) for follow up of adverse events following immunizations in accordance with current Immunization Branch guidelines.

5) Provider Quality Assurance

a. Assure that health care providers within the jurisdiction are knowledgeable and competent in immunization practices. Provide and/or promote training opportunities. Such opportunities may include live training/educational courses, distance learning satellite courses, grand rounds and medical meeting presentations, seminars, health officer newsletters, exhibits, workshops, in-service training, medical assistant training, provider site visits, and distribution of informational, educational, or practice management materials to physicians in practice.

b. Annually, within the health jurisdiction, the Contractor shall review immunization records of select public clinics that receive state-supplied vaccine. The sampling technique and immunization clinic record methodology must be compatible with the methodology of the Immunization Branch of the California Department of Health Services.

6) Consumer Information

a. To reach families and adults in the community and reduce ethnic disparities in immunization rates, the Contractor will promote and implement outreach activities through partnerships, coalitions, and collaboration with community groups, child care providers, and culturally specific

EXHIBIT A
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ii. Develop Memorandums of Understanding (MOU) and/or informal relationships with organizations to provide them with health information and education materials.
iii. Maintain partnerships and other outreach efforts through regular communications, ensuring objectives and goals are met, reviewing MOUs, and conducting process evaluations (such as distribution logs to track materials, orders, and requests; list of partnerships; feedback from partners; etc...).

b. The Contractor will ensure that each maternity hospital within the jurisdiction has a new mother education program. Types of programs include distribution of the Hallmark Card, distribution of pertinent languages of Parent's Love Cards, and Baby Track-type reminder programs. Including immunization information in Registrar of Births mailings to new mothers is also encouraged.

c. The Contractor will ensure that their annual flu plan extend beyond public flu clinics to include community partners and sites that provide influenza immunizations and information to children and adults not covered by state-purchased vaccine. The outreach strategies used for the flu plan can be adapted for additional immunization efforts.

7) Immunization Registries

a. Design and construct an immunization registry in accordance with the 12 CDC – CDHS Immunization Branch 12 functional standards of operation in coordination with the local public health department regional registry.

b. Collaborate with provider organizations and other stakeholders in the registry's catchments area to assist with provider recruitment, planning and implementation in coordination with the local public health department regional registry.

c. Increase the percentage of public and private provider sites participating in the registry in coordination with the local public health department regional registry.

8) Vaccine Management

The contractor receiving vaccine purchased with State of California/Federal funds, herein called State purchased vaccines, agrees to the following terms and conditions.

a. Prior to receipt of an immunization, all patients (or their parents or legal guardians) must be:

i. screened in accordance with the federal Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMMS) requirements to determine their eligibility for receipt of vaccine from the federal Vaccines for Children Program;
ii. provided a copy of the current "Vaccine Information Statement" for each vaccine dose to be administered (in the case of hepatitis B vaccine given to newborn infants this can be provided to the mother during prenatal care or within 12 hours after delivery);
iii. provided a reasonable opportunity to read the "Vaccine Information Statement(s)";

EXHIBIT A
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iv. provided an opportunity to ask questions and have questions answered concerning the benefits and risks of each immunization;
v. specifically asked if they understand the information provided to them and if they have any questions;
vi. given a telephone number to call should the patient become ill and have to visit a physician, clinic or hospital within the 28 days following the immunization;
vii. provided the authorized appropriate translations of the "Vaccine Information Statements" if English is not their first language and their language is one for which the State has made translations available. Requested Vaccine Information Statements in other languages are available at no cost from the Centers for Disease Control and Prevention website www.cdc.gov.nip.

The Immunization Branch will supply to all local health departments camera-ready copies and/or a supply of the "Vaccine Information Statements" in English and Spanish. In addition, should a sufficient need exist, the Immunization Branch will arrange for authorized

[redacted]

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c. The authorized immunization patient record or authorized clinic log sheets must be stored by the local health department in a retrievable file for a minimum of 10 years following the end of the calendar year in which the statement was provided to the vaccine recipient, parent, or legal representative. In addition, if a notice of a claim or lawsuit has been made, the record must be retained until after a final disposition has been made.

d. In the case of a school-based program, or other programs where the "Vaccine Information Statement(s)" are to be read in advance of the immunization by the patient or parent/guardian or other authorized person who will not be present at the site where the immunizations are to be given, procedures shall be established and made known for answering questions by telephone.

e. Outside non-profit providers of immunization services must sign the State provided "Outside Provider Agreement for Receipt of State-Supplied Vaccines" terms prepared by the State Immunization Branch before they may receive State purchased vaccine. Medical providers of immunization services who sign the agreement must agree to use the "Vaccine Information Statements" and must be provided as many copies of the statements as vaccine doses distributed, or at least one camera-ready copy of each vaccine statement. The "Outside Provider Agreement..." and the use of the "Vaccine Information Statements" are required in clinic settings even if the clinics are supervised by a physician in attendance. The "Outside Provider Agreement..." shall be signed annually by non-health department medical providers and retained by the local health department for a minimum of ten years following the last calendar year in which the State Immunization Branch purchased vaccine was provided.

f. No charge may be made to the patient, parent, guardian or third party payer for the cost of State purchased vaccine provided to local health departments by the Immunization Branch. In addition, outside, non-profit providers of immunization services receiving State purchased vaccine may not charge patients or parents for the cost of vaccine. Charges made by local health departments for the direct costs incurred for administration or injection of the vaccine are discouraged but are not specifically prohibited. Should the health department or outside medical provider receiving state vaccine establish an administration fee for an injection of vaccine, information, e.g., sign/poster, must be prominently displayed which indicates that no one receiving an immunization in a public clinic may be denied vaccine provided through public funds for failure to pay the administration fee or failure to make a donation to the provider.

g. Local health departments and other private and public providers utilizing State purchased vaccine must report quarterly the vaccine doses administered, by vaccine type and age group of patient, and dose in series (for multiple-dose vaccines) in a format provided by the

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Representative of any vaccine which is unlikely to be used not later than three months prior to its date of expiration.

i. The local health department agrees to ensure that the storage and handling of State purchased vaccine within its facilities is in accordance with the manufacturers' specifications. The local health department also agrees to inform other providers who receive Immunization Branch purchased vaccine of the manufacturers' specifications for vaccine storage and handling.

C. Specific Perinatal Hepatitis B Activities (only for contractors receiving federal perinatal hepatitis B funds):

1) Laboratory Reporting - The Contractor Agrees to the following:

a. Within the health jurisdiction, the Contractor identifies all public and private laboratories performing HBsAg serologic tests.

b. A listing of laboratories performing HBsAg tests in the health jurisdiction is maintained and routinely updated.

c. Identified laboratories are notified that positive HBsAg tests of females ages 10 - 44 are to be reported biweekly to the local health department.

d. Delinquent laboratories not reporting HBsAg tests are contacted and informed of reporting requirements.

2) Case Management of Identified HBsAg Pregnant Women - The Contractor Agrees to the Following:

a. A Case Management Report is initiated on all pregnant women (public and private sector) with positive HBsAg laboratory test results of pregnant women.

b. From the reported positive HBsAg, the medical provider (obstetrician, family M.D., midwife, etc.) who requested the HBsAg test is contacted by the Contractor to determine the following:

i. The expected date of delivery of the infant.
ii. Hospital where delivery is planned.
iii. Have arrangements been made with pediatrician or family physician to ensure the newborn receives HBIG and the 1st dose of hepatitis B vaccine in the hospital?
iv. Status of household contacts is or will be determined, i.e., screening and immunization of susceptibles.
v. Does female/family income status permit Medi-Cal or other third party reimbursement for the HBsAg screening test, infant HBIG dose, and subsequent hepatitis B immunizations?
vi. Does the medical provider request or grant permission to the local health department to case manage the positive female, infant, and household contacts?

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3) Follow-up and Immunization of Infants and Susceptible Household Contacts - The Contractor Agrees to the following:

   a. Infants born to HBsAg positive women receive HBIG and 1st dose of hepatitis B vaccine within 12 hours after birth or before discharge from the hospital. Subsequently, the infants receive the 2nd and 3rd doses in accordance with United States Public Health Service Immunization Practices Advisory Committee (ACIP) schedule.

   b. Household contacts are screened and the susceptibles identified receive the three dose regimen of hepatitis B vaccine in accordance with the ACIP schedule.

   c. For public sector women, during the follow up of the mother, infant, and contacts, the medical provider(s) is instructed to submit claim(s) for reimbursement of tests and vaccine for recipients eligible for the State Medi-Cal Program or other third party payment.

4) Laboratory Screening - The Contractor Agrees to the following:

   a. The Contractor will make efforts to ensure that laboratory screening for HBsAg and core anti-body (anti-HBc) is reimbursed by Medi-Cal or other third party payers.

   b. The Contractor will offer or provide the means for public HBsAg and core anti-body (anti-HBc) tests for pregnant women and household contacts who are not determined to be eligible for Medi-Cal or other third party reimbursement.

5) Information and Education - The Contractor Agrees to the following:

   a. Professional

EXHIBIT A
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contacts; and (ii) information about seeking regular health care for themselves relative to their carrier status.

ii. Organizations, associations, and media serving high risk populations will be provided hepatitis B prevention information for their members and/or audience.

iii. Household contacts identified as hepatitis B carriers will be provided information about what the infection means for their health as well as addressing prevention of transmission.

D. Required Reports

1) Reports of Local Program Progress and Activities

In accordance with the guidelines and format provided by the Immunization Branch, the Contractor shall submit, through his/her Immunization Branch District Field Representative, to the Branch identified in paragraph 5 within D. Required Reports, by the 15th of the month following the end of each quarter, a written quarterly report of progress and activities. In addition to the written report the Contractor and Project Liaison, or his designee, may meet and discuss the above matters in person.

2) Upon completion of the investigation of each probable or confirmed measles case, a completed investigation form must be submitted to the Immunization Branch.

3) Contractor agrees that itemized personnel positions listed in the *Application for Immunization Project Subvention Funds* shall not be subject to Contractor's personnel policy decisions to refrain from filling vacant positions.

4) The Contractor shall submit through his/her Immunization Branch Field Representative, to the Branch identified in paragraph 5 within D. Required Reports, on or before the 3rd of the month following the report month, a written Monthly Vaccine Usage Report in the form prescribed by the State Department of Health Services, Immunization Branch.

5) All reports, other than those required to be directed to the District Field Representatives, invoices, and other written communications are to be addressed and delivered to the State Department of Health Services, Immunization Branch, 850 Marina Bay Pkwy., Bldg. P 2nd Floor, Richmond, California 94804.

6) The State reserves the right to use and reproduce all reports and data produced and delivered pursuant to this Contract and reserves the right to authorize others to use or reproduce such materials, provided that the confidentiality of patient information and records are protected pursuant to California State laws and regulations.

EXHIBIT A
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7) It is agreed by the Contractor that in the event that a significant portion of the Contract objectives for the initial four months of the Contract are not met by that time; and in the event that the State determines from quarterly invoices, performance reports, and other sources of information that the Contractor will not perform the total quantity of services contracted for; and that therefore, the total budget allocation will not be depleted; the State and/or Contractor may make an equitable

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the budgets attached hereto.

B. Invoices shall include the Agreement Number and shall be submitted in triplicate not more frequently than monthly in arrears to:

Department of Health Services
Immunization Branch
Attn: Robina Escalada
850 Marina Bay Pkwy., Bldg. P 2nd Floor
Richmond, CA 94804

C. Invoices shall:

1) Be prepared on contractor letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent actual expenses for the service performed under this contract.
2) Bear the Contractor's name as shown on the Agreement.
3) Identify the billing and/or performance period covered by the invoice.
4) Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement. Subject to the terms of this agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by CDHS.

2. Budget Contingency Clause

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an Agreement Amendment to Contractor to reflect the reduced amount.

Exhibit B
Budget Detail and Payment Provisions

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Timely Submission of Final Invoice

A. A final undisputed invoice shall be submitted for payment no more than ninety

incorporated herein and made a part hereof by this reference. These exhibits may be updated periodically by CDHS, as required by program directives. CDHS shall provide the Contractor with copies of said exhibits and any periodic updates thereto under separate cover. CDHS will maintain on file, all exhibits referenced herein and any subsequent updates.

1) Immunization Assessment of Child Care/Head Start and Kindergarten Enrollees and Review of Child Care/Head Start Centers and Kindergarten Schools, developed by CDHS Immunization Branch, 2004.

2) California Vaccine-Preventable Disease Surveillance Manual, CDHS Immunization Branch, 2003.

3) Vaccine Adverse Events Reporting System, developed by the Centers for Disease Control and Prevention.

4) Immunization Registry Functional Standards developed by the American Immunization Registration Association.

Exhibit B
Budget Detail and Payment Provisions

B. Contractor shall maintain for review and audit and supply to CDHS upon request, adequate documentation of all expenses claimed pursuant to this agreement to permit a determination of expense allowability.

C. If the allowability or appropriateness of an expense cannot be determined by the State because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed and payment may be withheld by the State. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

D. If travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. For more information on allowable travel and per diem expenses and required documentation, see Exhibit G entitled, "Travel Reimbursement Information".

7. Additional Budget Provisions

A. The total amount of the contract will be indicated as either some part, or all, of the total operations budget. If the total amount of the contract is less than the total operations budget, the Contractor will be responsible for providing the difference between the total amount of the contract and the total operations budget. Further, all invoices to the State which request reimbursements for positions included in the Contractor's *Application for Immunization Project Subvention Funds* submitted by the Contractor on May 19, 2006 shall include the name and position title of the persons that have performed in these positions.

B. The Contractor shall provide for any personnel or operating expenses that are necessary to meet the provisions included herein but are not provided for in the Budget included as Exhibit "B" Attachment I.

C. Reimbursement of HbsAg and core anti-body (anti-HBc) tests

For reimbursement of HBsAg and core anti-body (anti-HBc) tests of public patients (not eligible for Medi-Cal or other third party reimbursement) included in Exhibit B, a line-listing or appropriate format approved by the State Immunization Branch of individual laboratory tests specifying the type of test performed (HBsAg or anti-body core) and an accompanying identification number must be attached to the invoice. The total reimbursement cost for laboratory tests requested on the invoice must be supported by the exact number of tests indicated on the aforementioned line-listing or format approved by the State Immunization Branch.

Exhibit B
Budget Detail and Payment Provisions

D. Reimbursement of Vaccines for Children (VFC) Quality Assurance Review/CASITA Visits

In accordance with State Immunization Branch protocol and guidelines for Vaccines for Children (VFC) Quality Assurance Review/CASITA visits included in Exhibit B, the Contractor shall be reimbursed in the amount of $400 per completed individual site visit, performed in a manner acceptable to the State. The State shall reimburse the Contractor upon submission of an invoice for the completed visits.

Exhibit B, Attachment I
Budget

Personnel	$162,577.00
Fringe Benefits (35% of Personnel)* ***Not all staff receive fringe benefits**	$55,502.00
Operating Expenses or General Expenses	$17,733.00
Equipment	$0.00
Travel	$2,200.00
Subcontracts **The Children's Clinic Collaborative - $65,000**	$65,000.00
Other Costs	$1,000.00
Indirect Costs (0%)	$0.00
Total	**$304,012.00**

Exhibit B, Attachment I, Schedule I
Subcontractor Budget

Subcontracts

Name of Subcontractor:	The Children's Clinic Collaborative
Contact Person:	Elisa A. Nicholas, MD, Executive Director
Address:	2801 Atlantic
City, State, & Zip Code:	Long Beach, CA 90801
Telephone #:	(562) 933-0400
Federal Tax I.D. Number:	[redacted]

I. Personnel Services (List positions)	% of Time or Number of Hours	Monthly Salary Range or Hourly Rate	Dollar Amount Requested
Chief Medical Officer	12 hours	$63.40/hour	$ 761.00
Nursing Supervisor	185 hours	$43.92/hour	$ 8,125.00
Medical Assistant(s)	2600 hours	$12.87/hour	$ 33,462.00
Front Office Manager	311 hours	$12.58/hour	$ 3,912.00
Health Educator	78 hours	$22.06/hour	$ 1,721.00
Personnel Services Subtotal			$ 47,981.00
Fringe Benefits (24% of Personnel)			$ 11,515.00
Personnel Services Subtotal			$ 59,496.00

II. Operating Expenses

Supplies	$ 2,754.00
Health Education Materials	$ 2,000.00
Travel	$ 750.00
Equipment	$ -
Operating Expenses Subtotal	$ 5,504.00
Subcontracts Total = (I. Personnel Services + II. Operating Expense	**$ 65,000.00**

This schedule is being provided for informational purposes. Changes to the schedule do not require a contract amendment.

17. Human Subjects Use Requirements

(Applicable only to federally funded agreements/grants in which performance, directly or through a subcontract/subaward, includes any tests or examination of materials derived from the human body.)

By signing this agreement, Contractor agrees that if any performance under this agreement or any subcontract or subagreement includes any tests or examination of materials derived from the human body for the purpose of providing information, diagnosis, prevention, treatment or assessment of disease, impairment, or health of a human being, all locations at which such examinations are performed shall meet the requirements of 42 U.S.C. Section 263a (CLIA) and the regulations thereunder.

18. Novation Requirements

If the Contractor proposes any novation agreement, DHS shall act upon the proposal within 60 days after receipt of the written proposal. DHS may review and consider the proposal, consult and negotiate with the Contractor, and accept or reject all or part of the proposal. Acceptance or rejection of the proposal may be made orally within the 60-day period and confirmed in writing within five days of said decision. Upon written acceptance of the proposal, DHS will initiate an amendment to this agreement to formally implement the approved proposal.

19. Debarment and Suspension Certification

[redacted]

Fax: (213) 351-2780
Email: wcate@ladhs.org

Fax: (562) 570-4099
Email: Pamela_Shaw@longbeach.gov

B. Direct all inquiries to:

Department of Health Services	**Contractor**
Immunization Branch Attention: Robina Escalada 850 Marina Bay Pkwy., Bldg. P 2nd Floor Richmond, CA 94804	City of Long Beach (Dept. of Health & Human Services) Attention: Pam Shaw, RN, MSN, MPH 2525 Grand Avenue Long Beach, CA 90815
Telephone: (510) 620-3729 Fax: (510) 620-3774 E-mail: rescalad@dhs.ca.gov	Telephone: (562) 570-4208 Fax: (562) 570-4099 Email: Pamela_Shaw@longbeach.gov

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

d. The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.

e. If the Contractor knowingly violates this certification, in addition to other remedies available to the Federal Government, the DHS may terminate this agreement for cause or default.

20. Smoke-Free Workplace Certification

(Applicable to federally funded agreements/grants and subcontracts/subawards, that provide health, day care, early childhood development services, education or library services to children under 18 directly or through local governments.)

a. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

b. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible party.

c. By signing this agreement, Contractor or Grantee certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The prohibitions herein are effective December 26, 1994.

d. Contractor or Grantee further agrees that it will insert this certification into any subawards (subcontracts or subgrants) entered into that provide for children's services as described in the Act.

21. *Covenant Against Contingent Fees*

(Applicable only to federally funded agreements.)

The Contractor warrants that no person or selling agency has been employed or retained to solicit/secure this agreement upon an agreement of understanding for a commission, percentage,

23. Performance Evaluation

(Not applicable to grant agreements.)

DHS may, at its discretion, evaluate the performance of the Contractor at the conclusion of this agreement. If performance is evaluated, the evaluation shall not be a public record and shall remain on file with DHS. Negative performance evaluations may be considered by DHS prior to making future contract awards.

24. Officials Not to Benefit

No members of or delegate of Congress or the State Legislature shall be admitted to any share or part of this agreement, or to any benefit that may arise therefrom. This provision shall not be construed to extend to this agreement if made with a corporation for its general benefits.

25. Four-Digit Date Compliance

Contractor warrants that it will provide only Four-Digit Date Compliant (as defined below) Deliverables and/or services to the State. "Four Digit Date compliant" Deliverables and services can accurately process, calculate, compare, and sequence date data, including without limitation date data arising out of or relating to leap years and changes in centuries. This warranty and representation is subject to the warranty terms and conditions of this Contract and does not limit the generality of warranty obligations set forth elsewhere herein.

26. Prohibited Use of State Funds for Software

(Applicable to agreements in which computer software is used in performance of the work.)

Contractor certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

27. Use of Small, Minority Owned and Women's Businesses

(Applicable to that portion of an agreement that is federally funded and entered into with institutions of higher education, hospitals, nonprofit organizations or commercial businesses.)

Positive efforts shall be made to use small businesses, minority-owned firms and women's business enterprises, whenever possible (i.e., procurement of goods and/or services). Contractors shall take all of the following steps to further this goal.

(1) Ensure that small businesses, minority-owned firms, and women's business enterprises are used to the fullest extent practicable.

(2) Make information on forthcoming purchasing and contracting opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms, and women's business enterprises.

(3) Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.

(4) Encourage contracting with consortiums of small businesses, minority-owned firms and women's business enterprises when a contract is too large for one of these firms to handle individually.

(5) Use the services and assistance, as appropriate, of such organizations as the Federal Small Business Administration and the U.S. Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms and women's business enterprises.

28. Alien Ineligibility Certification

(Applicable to sole proprietors entering federally funded agreements.)

[redacted]

i. Identify existing resources in the community to assist with immunization outreach efforts. Such resources include high traffic areas (e.g., train stations, airports, bus stops) and non-traditional organizations (e.g., social services, grocery stores, Department of Motor Vehicles, pharmacies, post offices, legal service providers, etc...) in addition to health-related

d. To be an allowable fringe benefit, the cost must meet the following criteria:

(1) Be necessary and reasonable for the performance of the agreement.
(2) Be determined in accordance with generally accepted accounting principles.
(3) Be consistent with policies that apply uniformly to all activities of the Contractor.

e. Contractor agrees that all fringe benefits shall be at actual cost.

f. Earned/Accrued Compensation

(1) Compensation for vacation, sick leave and holidays is limited to that amount earned/accrued within the agreement term. Unused vacation, sick leave and holidays earned from periods prior to the agreement term cannot be claimed as allowable costs. See Provision f (3)(a) for an example.

(2) For multiple year contracts, vacation and sick leave compensation, which is earned/accrued but not paid, due to employee(s) not taking time off may be carried over and claimed within the overall term of the multiple years of the agreement. Holidays cannot be carried over from one contract year to the next. See Provision f (3)(b) for an example.

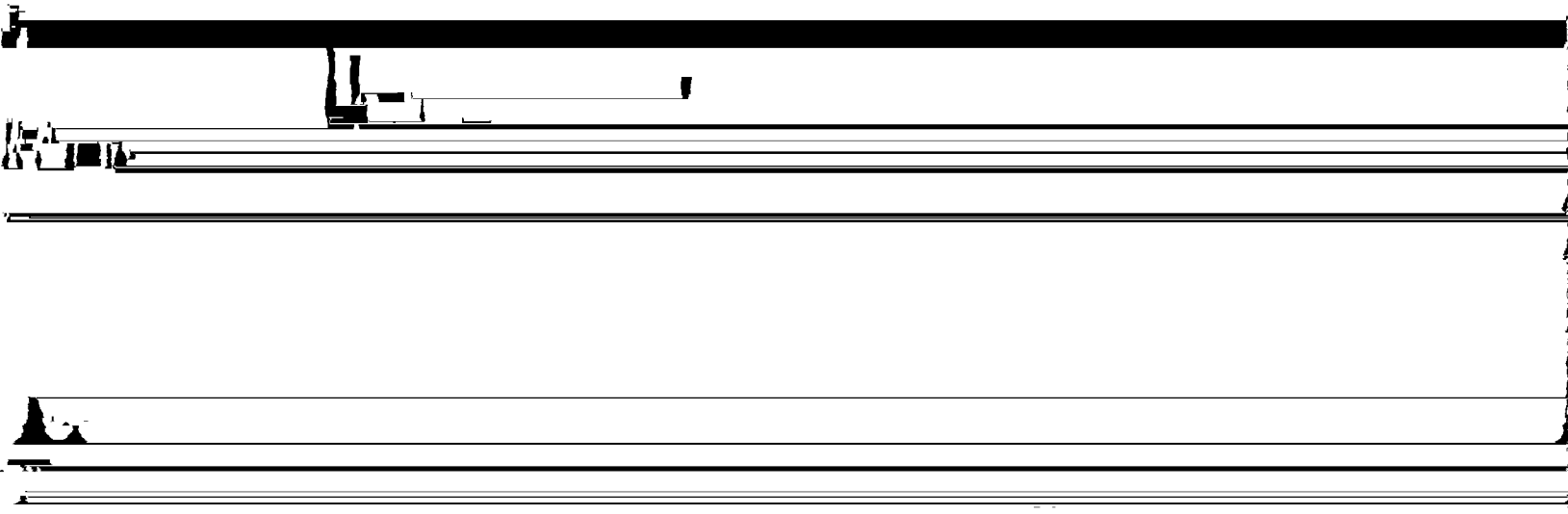
(3) For single year agreements, vacation, sick leave and holiday compensation that is earned/accrued but not paid, due to employee(s) not taking time off within the term of the agreement, cannot be claimed as an allowable cost. See Provision f (3)(c) for an example.

(a) **Example No. 1:**

If an employee, John Doe, earns/accrues three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a contract period of one year. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of the agreement, the Contractor during a one-year agreement term may only claim up to three weeks of vacation and twelve days of sick leave actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the agreement are not an allowable cost.

(b) **Example No. 2:**

If during a three-year (multiple year) agreement, John Doe does not use his three weeks of vacation in year one or his three weeks in year two, but he does actually use nine



translations and provide camera-ready copies and "Vaccine Information Statements" in other languages.

b. Health care providers must make notation in each patient's permanent medical record at the time the "statements" are provided. For health care providers who obtain vaccine via federal contract, the CDC Immunization Grant Guidance defines this as (1) date printed on the appropriate "Vaccine Information Statement(s)" and (2) date the "Vaccine Information

31. Lobbying Restrictions and Disclosure Certification

(Applicable to federally funded contracts in excess of $100,000 per Section 1352 of the 31, U.S.C.)

a. Certification and Disclosure Requirements

(1) Each person (or recipient) who requests or receives a contract, subcontract, grant, or subgrant, which is subject to Section 1352 of the 31, U.S.C., and which exceeds $100,000 at any tier, shall file a certification (in the form set forth in Attachment 1, consisting of one page, entitled "Certification Regarding Lobbying") that the recipient has not made, and will not make, any payment prohibited by Paragraph b of this provision.

(2) Each recipient shall file a disclosure (in the form set forth in Attachment 2, entitled "Standard Form-LLL 'disclosure of Lobbying Activities'") if such recipient has made or has agreed to make any payment using nonappropriated funds (to include profits from any covered federal action) in connection with a contract or grant or any extension or amendment of that contract or grant, which would be prohibited under Paragraph b of this provision if paid for with appropriated funds.

(3) Each recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affect the accuracy of the information contained in any disclosure form previously filed by such person under Paragraph a(2) herein. An event that materially affects the accuracy of the information reported includes:

(a) A cumulative increase of $25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action;

(b) A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or

(c) A change in the officer(s), employee(s), or member(s) contacted for the purpose of influencing or attempting to influence a covered federal action.

(4) Each person (or recipient) who requests or receives from a person referred to in Paragraph a(1) of this provision a contract, subcontract, grant or subgrant exceeding $100,000 at any tier under a contract or grant shall file a certification, and a disclosure form, if required, to the next tier above.

(5) All disclosure forms (but not certifications) shall be forwarded from tier to tier until received by the person referred to in Paragraph a(1) of this provision. That person shall forward all disclosure forms to DHS program contract manager.

b. Prohibition

Section 1352 of Title 31, U.S.C., provides in part that no appropriated funds may be expended by the recipient of a federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract, the making of any federal grant, the making of any federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

Exhibit D(F)

Attachment 1

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

[redacted]

CERTIFICATION REGARDING LOBBYING

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action: a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: a. bid/offer/application b. initial award c. post-award	3. Report Type: a. initial filing b. material change For Material Change Only: Year _____ quarter_____ date of last report_____

4. Name and Address of Reporting Entity: Prime Subawardee Tier _____, if known: Congressional District, If known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, If known:
6. Federal Department/Agency:	7. Federal Program Name/Description: CDFA Number, if applicable: _____
8. Federal Action Number, if known:	9. Award Amount, if known:
10. a. Name and Address of Lobbying Entity (If individual, last name, first name, MI):	b. Name and Address of Lobbying Entity (If individual, last name, first name, MI):

(attach Continuation Sheets(s) SF-LLL-A, If necessary)

11. Amount of Payment (check all that apply): $_____ actual planned	13. Type of Payment (check all that apply): a. retainer b. one-time fee c. commission d. contingent fee e. deferred f. other, specify: _____
12. Form of Payment (check all that apply): a. cash b. in-kind, specify: Nature_____ Value _____	

14. Brief Description of Services Performed or to be Performed and Dates(s) of Service, including Officer(s), Employee(s), or Member(s) Contracted for Payment indicated in item 11:

(Attach Continuation Sheet(s) SF-LLL-A, If necessary)

15. Continuation Sheet(s) SF-LLL-A Attached: Yes No

16. Information requested through this form is authorized by Title 31, U.S.C., Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to Title 31, U.S.C., Section 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $19,000 and not more than $100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____

Federal Use Only

Authorized for Local Reproduction
Standard Form-LLL

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipients at the initiation or receipt of a covered federal action, or a material change to a previous filing, pursuant to Title 31, U.S.C., Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered federal action. Use the SF - LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.

2. Identify the status of the covered federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.

4. Enter the full name, address, city, state, and ZIP code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants, and contract awards under grants.

5. If the organization filing the report in Item 4 checks "Subawardee," then enter the full name, address, city, state, and ZIP code of the prime federal recipient. Include Congressional District, if known.

6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation United States Coast Guard.

7. Enter the federal program name or description for the covered federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CDFA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate federal identifying number available for the federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract grant, or loan award number; the application/proposal control number assigned by the federal agency). Include prefixes, e.g., "RFP-DE-90401."

9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.

10. (a) Enter the full name, address, city, state, and ZIP code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered federal action.

10. (b) Enter the full names of the Individual(s) performing services and include full address if different from 10.(a). Enter last name, first name, and middle initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials, identify the federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and renewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Office of Management and Budget, Paperwork Reduction Project, (0348-0046), Washington, DC 20503.

Exhibit E
Additional Provisions

1. Incorporated Exhibits

A. The following exhibits and any subsequent updates are not attached but are

adjustment in the original Contract budget and Contract objectives in order to decrease the total quantity of services and commensurate Contract amount. Any adjustment shall be by amendment only and duly executed by both parties and approved by the Department of General Services (if applicable).

8) In accordance with State Immunization Branch protocol and guidelines for Vaccines for Children (VFC) Quality Assurance Review/CASITA visits, the Contractor agrees to conduct 10 visits at identified private sites in the health jurisdiction during Fiscal Year 2006/2007. Within thirty (30) calendar days of completing each visit, a written report of findings will be provided to the assigned District Area Immunization Branch Field Representative.

6. Allowable Informal Scope of Work Changes

A. The Contractor or the State may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the Scope of Work, provided such changes do not alter the overall goals and basic purpose of the agreement.

B. Informal SOW changes may include the substitution of specified activities or tasks; the alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.

C. Informal SOW changes processed hereunder, shall not require a formal agreement amendment, provided the Contractor's annual budget does not increase or decrease as a result of the informal SOW change.

D. Unless otherwise stipulated in this contract, all informal SOW changes and revisions are subject to prior written approval by the State.

E. In implementing this provision, the State may provide a format for the Contractor's use to request informal SOW changes. If no format is provided by the State, the Contractor may devise its own format for this purpose.

Exhibit E
Additional Provisions

B. Upon receipt of a notice of termination or cancellation from CDHS, Contractor shall take immediate steps to stop performance and to cancel or reduce subsequent contract costs.

C. Contractor shall be entitled to payment for all allowable costs authorized under this agreement, including authorized non-cancelable obligations incurred prior to receipt of the notice of termination or cancellation, provided such expenses do not exceed the stated maximum amounts payable.

Exhibit F

Contractor's Release

Instructions to Contractor:

With final invoice(s) submit one (1) original and one (1) copy. The original must bear the original signature of a person authorized to bind the Contractor. The additional copy may bear photocopied signatures.

Submission of Final Invoice

Pursuant to **contract number** 06-55180 entered into between the State of California Department of Health Services (DHS) and the Contractor (identified below), the Contractor does acknowledge that final payment has been requested via **invoice number(s)** _____, in the **amount(s) of $** _____ and **dated** _____
If necessary, enter "See Attached" in the appropriate blocks and attach a list of invoice numbers, dollar amounts and invoice dates.

Release of all Obligations

By signing this form, and upon receipt of the amount specified in the invoice number(s) referenced above, the Contractor does hereby release and discharge the State, its officers, agents and employees of and from any and all liabilities, obligations, claims, and demands whatsoever arising from the above referenced contract.

Repayments Due to Audit Exceptions / Record Retention

By signing this form, Contractor acknowledges that expenses authorized for reimbursement does not guarantee final allowability of said expenses. Contractor agrees that the amount of any sustained audit exceptions resulting from any subsequent audit made after final payment, will be refunded to the State.

All expense and accounting records related to the above referenced contract must be maintained for audit purposes for no less than three years beyond the date of final payment, unless a longer term is stated in said contract.

Recycled Product Use Certification

By signing this form, Contractor certifies under penalty of perjury that a percentage (0% to 100%) of the materials, goods, supplies or products offered or used in the performance of the above referenced contract meets or exceeds the minimum percentage of

Travel Reimbursement Information

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. *The terms "contract" and/or "subcontract" have the same meaning as "grantee" and/or "subgrantee" where applicable.*

   a. Reimbursement *for travel and/or per diem* shall be at the rates established for nonrepresented/excluded state employees. *Exceptions to DPA lodging rates may be approved by DHS upon the receipt of a statement on/with an invoice indicating that such rates are not available.*

   b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract *or subcontract* employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. *Headquarters may be individually established for each traveler and approved verbally by the program funding the agreement. Verbal approval shall be followed up in writing or email.*

   c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on page 2 of this exhibit to determine the reimbursement allowance. All lodging must be receipted. If contractor does not present receipts, lodging will not be reimbursed.

      (1) Lodging (with receipts):

Travel Location / Area	Reimbursement Rate
Statewide (excluding the counties identified below)	$ 84.00 plus tax
Counties of Los Angeles and San Diego	$110.00 plus tax
Counties of Alameda, San Francisco, San Mateo, and Santa Clara.	$140.00 plus tax

      Reimbursement for actual lodging expenses exceeding the above amounts may be allowed with the advance approval of the Deputy Director of the Department of Health Service or his or her designee. Receipts are required. *Receipts from Internet lodging reservation services such as Priceline.com, which require prepayment to that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment.*

      (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum for each full 24-hour period of travel.

Meal / Expense	Reimbursement Rate
Breakfast	$ 6.00
Lunch	$ 10.00
Dinner	$ 18.00
Incidental expenses	$ 6.00

   d. Out-of-state travel may only be reimbursed if such travel *is necessitated by the scope or statement of work* and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors/subcontractors must have prior *DHS written or verbal* approval. *Verbal approval shall be confirmed in writing (email or memo).*

   e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on page 2 of this *exhibit.*

   f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.

2. If any of the reimbursement rates stated herein are changed by the Department of Personnel Administration, no formal contract amendment will be required to incorporate the new rates. However, DHS shall inform the contractor, in writing, of the revised travel reimbursement rates.

3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.

4. **Note on use of autos:** If a contractor uses his or her car for transportation, the rate of pay will be **34 cents** maximum per mile. If the contractor is a person with a disability who must operate a motor vehicle on official state business and who can operate only specially equipped or modified vehicles they may claim a rate of **37 cents** per mile. If a contractor uses his or her car "in lieu of" airfare, the air coach fare will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the state. Gasoline and routine automobile repair expenses are not reimbursable.

5. The contractor is required to furnish details surrounding each period of travel. Travel *expense reimbursement* detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. *Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.*

6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

Travel Reimbursement Guide

Length of travel period	**This condition exists...**	**Allowable Meal(s)**
Less than 24 hours	Travel begins at 6:00 a.m. or earlier and continues until 9:00 a.m. or later.	Breakfast
Less than 24 hours	• Travel period ends at least one hour after the regularly scheduled workday ends, or • Travel period begins prior to or at 4:00 p.m. and continues beyond 7:00 p.m.	Dinner
24 hours	Travel period is a full 24-hour period determined by the time that the travel period begins and ends.	Breakfast, lunch, and dinner
Last fractional part of more than 24 hours	Travel period is more than 24 hours and traveler returns at or after 8:00 a.m.	Breakfast
	Travel period is more than 24 hours and traveler returns at or after 2:00 p.m.	Lunch
	Travel period is more than 24 hours and traveler returns at or after 7:00 p.m.	Dinner

7. *At DHS' discretion, changes or revisions made by DHS to this exhibit, excluding travel policy established by DPA may be applied retroactively to any agreement to which a Travel Reimbursement Information exhibit is attached, incorporated by reference, or applied by DHS program policy.*